



DEPARTMENT OF PERMITTING SERVICES (DPS)
DIVISION OF FIRE AND RESCUE SERVICES (DFRS)

CODE MODIFICATION REQUEST

For DPS Official Use Only

Date Received

Modification Number

Receipt Number

Hearing Date/Time

Applicant's Name () Phone () Fax

Applicant's Address City State Zip

Permit (A/P) Address City State Zip

Permit (A/P) Number

Occupancy Group Type Construction ☐Yes ☐No Type Fully Sprinklered & Monitored?

I request a modification of (code/edition):

Section/subsection:

Nature of code violation and practical difficulty in complying with the code:

Proposed alternative method of compliance or compensatory protection:

The name of the person(s) who identified the code violation or design deficiency is/are:

County Inspector(s)

County Plan reviewer(s)

Other(s)

Applicant's signature: Date: